



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: KING'S DAUGHTERS HOSPITAL & HEALTH SERVICES

City of Hospital: Madison

Year Begin: 01/01/2016 (mm/dd/yyyy format)

Year End: 12/31/2016 (mm/dd/yyyy format)

Person Completing the Report: Stacy Denning

Email Address: dennings@kdhmadison.org

Medicare Provider Number: 150069

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$91000533
Outpatient Patient Service Revenue	\$184683050
Total Gross Patient Service Revenue	\$275683583

2. Deductions From Revenue

Contractual Allowance	\$166200063
Other Deductions	\$1457670
Total Deductions	\$167657733

3. Total Operating Revenue

Net Patient Service Revenue	\$108025850
Other Operating Revenue	\$2214925
Total Operating Revenue	\$110240775

4. Operating Expenses

Salaries and Wages	\$28491777	Employee Benefits	\$6759467
Depreciation and Amortization	\$9478032	Interest Expense	\$4465175
Bad Debt	\$9655217	Other Expenses	\$35532598
Total Operating Expenses	\$94382266		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$15858509	Total Assets	\$257036707
Net Non-operating Gains over Loss	\$5535407	Total Liabilities	\$108181062

Total Net Gains	\$21393916
-----------------	------------

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$133072511	\$100563613	\$32508898
Medicaid	\$46358567	\$36048092	\$10310475
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$96252505	\$29588358	\$66664147
Total	\$275683583	\$166200063	\$109483520

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$127161	\$-127161

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$45325	\$160947	\$-115622
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	\$0

Statement Six: Charity Statement

Hospital Charity Charges	\$1457670
--------------------------	-----------

	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$469370	
HCI Payments	\$0		
Subtotal	\$0	\$469370	\$-469370
Medicaid Shortfalls	\$9175327	\$14927459	
Subtotal	\$9175327	\$15396829	\$-6221502
DSH Payments	\$1,135,148		
Subtotal	\$10310475	\$15396829	\$-5086354
Medicare Shortfalls	\$32508898	\$42849348	
Other Government Programs	\$0	\$0	
Total	\$42819373	\$58246177	\$-15426804

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$50228	\$316117	\$-265889
Community Assessment	\$0	\$8105	\$-8105
Provision of Taxes	\$0	\$35693	\$-35693
Other Allocations	\$157303	\$180496	\$-23193

Comments

//